

INSTRUCTIONS FOR COST REPORT FILING

TO: Ms. Terri Carroll
Hillsboro Area Hospital
1200 Tremont
Hillsboro, IL 62049

PROVIDER NO. 14-1332
YEAR ENDED 06-30-09

THE ENCLOSED FORMS SHOULD BE CAREFULLY REVIEWED BEFORE FILING.

=====

FORMS: TITLE XVIII - MEDICARE

☒ HOSPITAL

☐ EXTENDED CARE FACILITY

☒ FILE ONE COPY OF THE ANNUAL AUDIT REPORT

☐ FILE ONE COPY OF THE ANNUAL MEDICARE COST ANALYSIS

☒ FILE ONE COPY OF THE 339 SIGNATURE PAGE

☒ FILE ONE COPY OF THE MEDICARE COST REPORT

☒ FILE COMPUTER DATA DISKETTE

DUE DATE: TO BE FILED ON OR BEFORE November 30, 2009

SIGNATURE: PAGE 1 SHOULD BE SIGNED BY AN OFFICER OR ADMINISTRATOR OF THE HEALTH CARE INSTITUTION.

MAILING: 1 COPY SHOULD BE MAILED TO:

National Government Services
Cost Report Processing Unit
6775 West Washington Street
Milwaukee, WE 53214

DATE MAILED _____

PLEASE RETAIN THIS INSTRUCTION SHEET WITH YOUR FILE COPY OF THE FORM.

HILLSBORO AREA HOSPITAL

HILLSBORO, ILLINOIS

TITLE XVIII-MEDICARE COST ANALYSIS

YEAR ENDED JUNE 30, 2009

November 13, 2009

Re: Provider: Hillsboro Area Hospital
Provider Numbers: 14-1332, 14-Z332
Period ended: 06/30/2007
Protested amounts claimed on submitted cost report.

Dear Sir or Madam:

The cost report for Hillsboro Area Hospital, for the year ended June 30, 2009, claims additional amounts due the provider for an expense paid by the provider, but currently not classified as a reimbursable cost. The expense in question is the Illinois State Medicaid Provider Tax Assessment, in the amount of \$123,166, which we have included as an adjustment to line 6 (A&G) on worksheet A-8. We feel as though the expense should be, and is, allowed as a reimbursable cost under Medicare Guidelines and should remain on line 6 (A&G).

The calculation of the additional amounts due the provider was calculated by removing the adjustment on worksheet A-8. The expense was then allowed to be allocated by the B-1 accumulated cost statistic to the various Hospital departments. The protested amounts claimed for the period ended June 30, 2009, are as follows:

Worksheet E, part B, line 36	\$ 31,997
Worksheet E-2, line 22	15,397
Worksheet E-3, part II, line 34	<u>11,988</u>
Total	\$ 59,382

Sincerely,

Terri Carroll
Vice President of Financial Services
Hillsboro Area Hospital
1200 E. Tremont Street
Hillsboro, IL 62049
(217) 532-4187

PROVIDER NO. 14-1332 HILLSBORO AREA HOSPITAL
PERIOD FROM 07/01/2008 TO 06/30/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.08
11/11/2009 11:41

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT
CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
PARTS I & II

INTERMEDIARY [] AUDITED
USE ONLY: [] DESK REVIEWED

DATE RECEIVED [] INITIAL [] RE-OPENING
INTERMEDIARY NO. [] FINAL [] MCR CODE

PART I - CERTIFICATION

CHECK XX ELECTRONICALLY FILED COST REPORT DATE: 11/11/2009
APPLICABLE BOX MANUALLY SUBMITTED COST REPORT TIME: 11:41

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY HILLSBORO AREA HOSPITAL (14-1332) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2008 AND ENDING 06/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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(SIGNED)

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

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PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	2	3	4	1
2	SUBPROVIDER I	-277296	288470	49400	2
3	SWING BED - SNF	-101708			3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	-379004	288470	49400	100

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMD CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

PROVIDER NO. 14-1332 HILLSBORO AREA HOSPITAL
PERIOD FROM 07/01/2008 TO 06/30/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2009.08
11/11/2009 11:41

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1200 EAST TREMONT

1.01 CITY: HILLSBORO

STATE: IL

P.O.BOX:

ZIP CODE: 62049

COUNTY: MONTGOMERY

1

1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT		COMPONENT NAME	PROVIDER NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)			
0		1	2	3	V	XVIII	XIX	
					4	5	6	
2	HOSPITAL	HILLSBORO AREA HOSPITAL	14-1332	09/06/1975	N	O	O	2
3	SUBPROVIDER I							3
4	SWING BEDS - SNF	HILLSBORO AREA HOSPITAL	14-Z332	04/01/2004	N	O	N	4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	HILLSBORO AREA HOSPITAL HHA	14-7648	06/28/1996	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 07/01/2008	TO: 06/30/2009				17
18	TYPE OF CONTROL			1 2				18
TYPE OF HOSPITAL/SUBPROVIDER								
19	HOSPITAL			1				19
20	SUBPROVIDER I							20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?							21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy) (SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	2			Y	99914		21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	2						21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	2						21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.	NO						21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).	NO						21.07
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	NO						22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	NO						23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.							23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.							24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER, ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.							24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO						25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4?	NO						25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO						25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO						25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO						25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)							25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)							25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:				26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:				26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	YES	04/01/2004		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)					
28.03	STAFFING	0.00	N		28.03
28.04	RECRUITMENT	0.00	N		28.04
28.05	RETENTION OF EMPLOYEES	0.00	N		28.05
28.06	TRAINING	0.00	N		28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO			29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	YES			30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.	NO			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?	YES			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)	NO			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.	NO			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	NO	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	40
40.01	NAME:	FI/CONTRACTOR'S NAME:	40.01
40.02	STREET:	P.O.BOX:	40.02
40.03	CITY:	STATE: ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC			
	1	2	3	4	5			
47	HOSPITAL	N	N	N	N	47		
48	SUBPROVIDER I	N	N	N	N	48		
49	SKILLED NURSING FACILITY	N	N			49		
50	HOME HEALTH AGENCY	N	N			50		
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52		
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01		
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53		
53.01	MDH PERIOD:	BEGINNING:	ENDING:			53.01		
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54		
54.01	PREMIUMS: 42511 PAID LOSSES: AND/OR SELF INSURANCE:			NO		54.01		
55	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO		55		
56	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			DATE 0 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEEES 4
57	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3							
58	WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.							
58.01	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?			NO				57
59	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.			NO				58
59.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)							58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)			NO				59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO			60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)				60.01
MULTICAMPUS					
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO			61
	COUNTY: 1	STATE: 2	ZIP CODE 3	CBSA 4	FTE/ CAMPUS 5
SETTLEMENT DATA					
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	NO			63

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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

		-----I/P DAYS / O/P VISITS / TRIPS-----						
		NO. OF	BED DAYS	CAH	TITLE	TITLE	LTCH	OBS.
		BEDS	AVAILABLE	PATIENT	V	XVIII	NONCOVERED	BEDS
		1	2	HOURS	3	4	DAYS	ADMITTED
				2.01			4.01	5.01
COMPONENT								
1	HOSPITAL ADULTS & PEDS, EXCL	25	9125	35448.00		1149		1
	SWING BED, OBSERV & HOSPICE DAYS							
2	HMO							2
3	HOSPITAL ADULTS & PEDS -					1701		3
	SWING BED SNF							
4	HOSPITAL ADULTS & PEDS -							4
	SWING BED NF							
5	TOTAL ADULTS & PEDS	25	9125	35448.00		2850		5
	EXCL OBSERVATION BEDS							
6	INTENSIVE CARE UNIT							6
7	CORONARY CARE UNIT							7
8	BURN INTENSIVE CARE UNIT							8
9	SURGICAL INTENSIVE CARE UNIT							9
10	OTHER SPECIAL CARE (SPECIFY)							10
11	NURSERY							11
12	TOTAL HOSPITAL	25	9125	35448.00		2850		12
13	RPCH VISITS							13
14	SUBPROVIDER I							14
15	SKILLED NURSING FACILITY							15
16	NURSING FACILITY							16
17	OTHER LONG TERM CARE							17
18	HOME HEALTH AGENCY					463		18
20	ASC (DISTINCT PART)							20
21	HOSPICE (DISTINCT PART)							21
23	O/P REHAB PROVIDER							23
24	RHC I							24
25	TOTAL	25						25
26	OBSERVATION BED DAYS							26
27	AMBULANCE TRIPS							27
28	EMPLOYEE DISCOUNT DAYS							28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3

PART I

(CONTINUED)

[illegible]

PROVIDER NO. 14-1332 HILLSBORO AREA HOSPITAL
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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
	COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS, EXCL.		378	29	504	1
	SWING BED, OBSERV & HOSPICE DAYS					
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS -					3
	SWING BED SNF					
4	HOSPITAL ADULTS & PEDS -					4
	SWING BED NF					
5	TOTAL ADULTS & PEDS					5
	EXCL OBSERVATION BEDS					
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		378	29	504	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7648

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		68	97		165	1
2 UNDUPLICATED CENSUS COUNT		19.00	3.00	2.00	24.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	.11		.11	3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	.11		.11	4
5 OTHER ADMINISTRATIVE PERSONNEL	.08		.08	5
6 DIRECT NURSING SERVICE				6
7 NURSING SUPERVISOR	.37		.37	7
8 PHYSICAL THERAPY SERVICE	.21		.21	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	.05		.05	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE				14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	.05		.05	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19	HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1.01	19
20	LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)	9914	99914	20

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		294786	294786	-119150	175636	3060	178696	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		417588	417588	15691	433279	-16932	416347	4
5	0500 EMPLOYEE BENEFITS	56040	1609074	1665114		1665114	-14	1665100	5
6.01	0662 ADMINISTRATION & ACCOUNTING	133612	2043441	2177053		2177053	-1371469	805584	6.01
6.02	0661 GENERAL	138403	458444	596847	35357	632204	-253241	378963	6.02
6.03	0641 ADMITTING	58096	6476	64572		64572	-25	64547	6.03
6.04	0650 PATIENT ACCOUNTING	199364	189237	388601		388601	-49	388552	6.04
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	184403	353460	537863	-15337	522526	-55	522471	8
9	0900 LAUNDRY & LINEN SERVICE	41174	33555	74729		74729	-10	74719	9
10	1000 HOUSEKEEPING	127207	20304	147511		147511	-31	147480	10
11	1100 DIETARY	106932	133954	240886		240886	-47468	193418	11
12	1200 CAFETERIA								12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION								14
14.01	1401 UR/QUALITY IMPROVEMENT	234719	10210	244929		244929	-59	244870	14.01
14.02	1402 NURSING ADMINISTRATION	136865	7135	144000		144000	-3988	140012	14.02
15	1500 CENTRAL SERVICES & SUPPLY								15
15.01	1501 PURCHASING								15.01
15.02	1502 CENTRAL SERVICES & SUPPLY	37168	3090	40258		40258	-9	40249	15.02
16	1600 PHARMACY		590338	590338	-230358	359980	-207	359773	16
17	1700 MEDICAL RECORDS & LIBRARY	186031	97330	283361		283361	-10951	272410	17
18	1800 SOCIAL SERVICE		1029	1029		1029		1029	18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	732922	146298	879220	-635	878585	-1931	876654	25
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	440599	371195	811794	-39476	772318	-124	772194	37
40	4000 ANESTHESIOLOGY		137649	137649	-27409	110240	-86279	23961	40
41	4100 RADIOLOGY-DIAGNOSTIC	377773	350125	727898		727898	-535	727363	41
41.01	3040 ULTRA SOUND		150883	150883		150883		150883	41.01
43	4300 RADIOISOTOPE		445626	445626		445626		445626	43
44	4400 LABORATORY	429015	571261	1000276		1000276	-65852	934424	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	88160	26235	114395	-6840	107555	-43	107512	49
49.50	3950 SLEEP LAB	45957	42809	88766		88766	-8	88758	49.50
50	5000 PHYSICAL THERAPY	588043	64905	652948		652948	-34885	618063	50
51	5100 OCCUPATIONAL THERAPY	86129	1633	87762		87762	-47	87715	51
52	5200 SPEECH PATHOLOGY								52
53	5300 ELECTROCARDIOLOGY		43901	43901		43901	-18810	25091	53
55	5500 MEDICAL SUPPLIES CHARGED TO PAT		29172	29172	78358	107530	-607	106923	55
56	5600 DRUGS CHARGED TO PATIENTS				226969	226969		226969	56
OUTPATIENT SERVICE COST CENTERS									
60	6000 CLINIC	109320	26774	136094	-136094				60
61	6100 EMERGENCY	566688	910371	1477059	-609	1476450	-350396	1126054	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY	39993	5653	45646		45646		45646	71
SPECIAL PURPOSE COST CENTERS									
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	5144613	9593941	14738554	-219533	14519021	-2260965	12258056	95
NONREIMBURSABLE COST CENTERS									
98	9800 PHYSICIANS' PRIVATE OFFICES				83384	83384		83384	98
98.02	9801 ASSISTED LIVING	518912	442291	961203	136149	1097352	-19999	1077353	98.02
98.03	9802 CARDIAC REHAB	2951	230	3181		3181		3181	98.03
101	TOTAL	5666476	10036462	15702938		15702938	-2280964	13421974	101

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RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	LINE #	SALARY	OTHER
1	2	3	4	5	
1 TO RECLASS DRUG COST FROM PHARMACY	A	DRUGS CHARGED TO PATIENTS	56		226969 1
2 TO RECLASS NON-REIMB CLINIC COST	B	PHYSICIANS' PRIVATE OFFICES	98	54660	13387 2
3 TO RECLASS MED SUPPLY FROM PHARMACY	C	MEDICAL SUPPLIES CHARGED TO P	55		717 3
4 TO RECLASS OR SUPPLIES TO MEDICAL SU	D	MEDICAL SUPPLIES CHARGED TO P	55		65397 4
5 TO RECLASS OXYGEN EXP FROM RT TO MED	E	MEDICAL SUPPLIES CHARGED TO P	55		6840 5
6 TO RECLASS CLINIC COSTS TO A&G	G	GENERAL	6.02	54660	13387 6
7 TO RECLASS DEPRECIATION	H	ASSISTED LIVING	98.02		136149 7
8 TO RECLASS MAINT TO HHA & PHYS OFFIC	I	PHYSICIANS' PRIVATE OFFICES	98	15337	
9	J				
10 TO RECLASS ECF EXP TO MED SURG	K	NEW CAP REL COSTS-BLDG & FIXT	3		16999 11
11 TO RECLASS INSURANCE	K	NEW CAP REL COSTS-MVBLE EQUIP	4		15691 12
12	L	OPERATING ROOM	37		27316 13
13 TO RECLASS ONCALL EXPENSE	M	MEDICAL SUPPLIES CHARGED TO P	55		5404 14
14 TO RECLASS IV THERAPY TO MED SUP	M				
15	M				
16	M				
17	M				
18	M				
19	M				
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36 TOTAL RECLASSIFICATIONS				124657	528256 36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY		CODE	DECREASE				WKST A-7
		1	COST CENTER	LINE #	SALARY	OTHER	REF.
			6	7	8	9	10
1	TO RECLASS DRUG COST FROM PHARMAC	A	PHARMACY	16		226969	1
2	TO RECLASS NON-REIMB CLINIC COST	B	CLINIC	60	54660	13387	2
3	TO RECLASS MED SUPPLY FROM PHARMA	C	PHARMACY	16		717	3
4	TO RECLASS OR SUPPLIES TO MEDICAL	D	OPERATING ROOM	37		65397	4
5	TO RECLASS OXYGEN EXP FROM RT TO	E	RESPIRATORY THERAPY	49		6840	5
6	TO RECLASS CLINIC COSTS TO A&G	G	CLINIC	60	54660	13387	6
7	TO RECLASS DEPRECIATION	H	NEW CAP REL COSTS-BLDG & FIXT	3		136149	9 7
8	TO RECLASS MAINT TO HHA & PHYS OF	I	OPERATION OF PLANT	8	15337		8
9		I					9
10	TO RECLASS ECF EXP TO MED SURG	J					10
11	TO RECLASS INSURANCE	K	GENERAL	6.02		32690	12 11
12		K					12 12
13	TO RECLASS ONCALL EXPENSE	L	ANESTHESIOLOGY	40		27316	13
14	TO RECLASS IV THERAPY TO MED SUP	M	PHARMACY	16		2672	14
15		M	ADULTS & PEDIATRICS	25		635	15
16		M	OPERATING ROOM	37		654	16
17		M	OPERATING ROOM	37		741	17
18		M	ANESTHESIOLOGY	40		93	18
19		M	EMERGENCY	61		609	19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				124657	528256	36

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ANALYSIS OF CHANGES DURING COST REPORTING
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
1 LAND	237676					237676		1
2 LAND IMPROVEMENTS	738357	3543		3543	101686	640214		2
3 BUILDINGS AND FIXTURES	9461527	1486994		1486994	778718	10169803		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	175492				11160	164332		5
6 MOVABLE EQUIPMENT	6805055	368311		368311	1705623	5467743		6
7 SUBTOTAL	17418107	1858848		1858848	2597187	16679768		7
8 RECONCILING ITEMS								8
9 TOTAL	17418107	1858848		1858848	2597187	16679768		9

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PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

----- COMPUTATION OF RATIOS -----					----- ALLOCATION OF OTHER CAPITAL -----			
DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	10974349		10974349	.667455				3
4 NEW CAP REL COSTS-MVBLE EQUIP	5467743		5467743	.332545				4
5 TOTAL	16442092		16442092	1.000000				5

----- SUMMARY OF OLD AND NEW CAPITAL -----							
DESCRIPTION	DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	161697			16999			178696 3
4 NEW CAP REL COSTS-MVBLE EQUIP	400656			15691			416347 4
5 TOTAL	562353			32690			595043 5

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

----- SUMMARY OF OLD AND NEW CAPITAL -----							
DESCRIPTION	DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	294786						294786 3
4 NEW CAP REL COSTS-MVBLE EQUIP	417588						417588 4
5 TOTAL	712374						712374 5

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PERIOD FROM 07/01/2008 TO 06/30/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.08
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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER	A	-12481	ASSISTED LIVING	98.02	5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-7898	ADMINISTRATION & ACCOUNTING	6.01	6
7 REFUNDS AND REBATES OF EXPENSES	B	-12004	ADMINISTRATION & ACCOUNTING	6.01	7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-299	GENERAL	6.02	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-434789			12
13 SALE OF SCRAP, WASTE, ETC.	B	-436	RADIOLOGY-DIAGNOSTIC	41	13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-42036	DIETARY	11	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-607	MEDICAL SUPPLIES CHARGED TO PAT	55	18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-5064	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					21
22 VENDING MACHINES	B	-770	ADMINISTRATION & ACCOUNTING	6.01	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4		SPEECH PATHOLOGY	52	36
37 NUTRITIONAL SERVICES	A	-5387	DIETARY	11	37
38 CRNA	A	-86279	ANESTHESIOLOGY	40	38
39 LOBBYING PORTION OF DUES	A	-9334	ADMINISTRATION & ACCOUNTING	6.01	39
40 MARKETING COSTS	A	-118406	GENERAL	6.02	40
41 ADVERTISING COST	A	-966	ASSISTED LIVING	98.02	41
42					42
43 CASH OVER/SHORT	B	148	GENERAL	6.02	43
44 OTHER OPERATING REVENUE	B	-60	ADMINISTRATION & ACCOUNTING	6.01	44
45 CARE CALL REVENUE	B	-1223	GENERAL	6.02	45
46 ASBESTOS REMOVAL	A	11413	NEW CAP REL COSTS-BLDG & FIXT	3	9 46
47 ALCOHOLIC BEVERAGES	A	-1045	ADMINISTRATION & ACCOUNTING	6.01	47
48 DIAMOND CLUB FEES	B	-9776	GENERAL	6.02	48
49 DAYCARE REVENUE	B	-4145	ADMINISTRATION & ACCOUNTING	6.01	49
49.01 AMBULANCE RECEIPTS	B	-10885	ADMINISTRATION & ACCOUNTING	6.01	49.01
49.04 EMPLOYEE MEALS	B	-1408	ASSISTED LIVING	98.02	49.04
49.05 MEDICAID TAX ASSESSMENT	A	-123166	GENERAL	6.02	49.05
49.06 RETIREMENT OBLIGATION	A	-1781	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.06
49.07 ACCRETION EXPENSE	A	-6572	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.07
49.08 PROVISION FOR BAD DEBTS	A	-1313802	ADMINISTRATION & ACCOUNTING	6.01	49.08
49.09 PHYSICIAN RECRUITMENT	A	-8341	ADMINISTRATION & ACCOUNTING	6.01	49.09
49.10 O/P PT STAFF - OTHER REV	B	-34686	PHYSICAL THERAPY	50	49.10
49.11 OTHER NON-OPERATING INCOME	B	-494	GENERAL	6.02	49.11
49.20 NON-MEDICARE COST	A	-16932	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.20
49.21 NON-MEDICARE COST	A	-14	EMPLOYEE BENEFITS	5	49.21
49.22 NON-MEDICARE COST	A	-1885	ADMINISTRATION & ACCOUNTING	6.01	49.22
49.23 NON-MEDICARE COST	A	-25	GENERAL	6.02	49.23
49.24 NON-MEDICARE COST	A	-25	ADMITTING	6.03	49.24
49.25 NON-MEDICARE COST	A	-49	PATIENT ACCOUNTING	6.04	49.25
49.26 NON-MEDICARE COST	A	-55	OPERATION OF PLANT	8	49.26
49.27 NON-MEDICARE COST	A	-10	LAUNDRY & LINEN SERVICE	9	49.27

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5	
			COST CENTER 3	LINE NO. 4		
49.28 NON-MEDICARE COST	A	-31	HOUSEKEEPING	10	49.28	
49.29 NON-MEDICARE COST	A	-45	DIETARY	11	49.29	
49.30 NON-MEDICARE COST	A	-59	UR/QUALITY IMPROVEMENT	14.01	49.30	
49.31 NON-MEDICARE COST	A	-3988	NURSING ADMINISTRATION	14.02	49.31	
49.32 NON-MEDICARE COST	A	-9	CENTRAL SERVICES & SUPPLY	15.02	49.32	
49.33 NON-MEDICARE COST	A	-207	PHARMACY	16	49.33	
49.34 NON-MEDICARE COST	A	-5887	MEDICAL RECORDS & LIBRARY	17	49.34	
49.35 NON-MEDICARE COST	A	-1931	ADULTS & PEDIATRICS	25	49.35	
49.36 NON-MEDICARE COST	A	-124	OPERATING ROOM	37	49.36	
49.37 NON-MEDICARE COST	A	-8	SLEEP LAB	49.50	49.37	
49.38 NON-MEDICARE COST	A	-99	RADIOLOGY-DIAGNOSTIC	41	49.38	
49.39 NON-MEDICARE COST	A	-105	LABORATORY	44	49.39	
49.40 NON-MEDICARE COST	A	-43	RESPIRATORY THERAPY	49	49.40	
49.41 NON-MEDICARE COST	A	-199	PHYSICAL THERAPY	50	49.41	
49.42 NON-MEDICARE COST	A	-47	OCCUPATIONAL THERAPY	51	49.42	
49.43 NON-MEDICARE COST	A	-50	ADMINISTRATION & ACCOUNTING	6.01	49.43	
49.44 NON-MEDICARE COST	A	-164	EMERGENCY	61	49.44	
49.45 NON-MEDICARE COST	A	-144	ASSISTED LIVING	98.02	49.45	
49.47 MAINTENANCE FEE REIMBURSEMENT	A	-5000	ASSISTED LIVING	98.02	49.47	
49.48 DONATIONS	A	-1209	ADMINISTRATION & ACCOUNTING	6.01	49.48	
49.49 LAND RENTAL TO HILLSBORO HEALTH S	A	-41	ADMINISTRATION & ACCOUNTING	6.01	49.49	
50 TOTAL		-2280964			50	

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ-USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	50	PHYSICAL THERAPY	RENT	18174	18174	1
2	5	EMPLOYEE BENEFITS	WELLNESS BENEFIT	43778	43778	2
3						3
4						4
5		TOTALS		61952	61952	5

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	G HILLSBORO HEALTH SERVICES		HILLSBORO HEALTH SERVICES		HEALTH RELATED SERVICES	1
2	G HILLSBORO HEALTH SERVICES		HILLSBORO HEALTH SERVICES		HEALTH RELATED SERVICES	2
3						3
4						4
5						5

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.

B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.

C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.

D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.

E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.

F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.

G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY: NON-FINANCIAL

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS									WORKSHEET A-8-2	
WKST		COST CENTER/		TOTAL	PROFES-		PHYSICIAN/	UNAD-	PERCENT	
LINE	PHYSICIAN	IDENTIFIER		REMUNERA-	SIONAL	PROVIDER	RCE	JUSTED	OF UNAD-	
NO.				TION INCL	COMPONENT	COMPONENT	AMOUNT	RCE	JUSTED	
1		2		FRINGES	4	5	6	LIMIT	RCE LIMIT	9
1	44	LABORATORY	LAB	101149	65747	35402				
2	53	ELECTROCARDIOLOGY	EKB	18810	18810					
3	61	EMERGENCY	ER	809036	350232	458804				
101		TOTAL		928995	434789	494206				

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUST- MENT 18
1 44	LABORATORY							65747
2 53	ELECTROCARDIOLOGY							18810
3 61	EMERGENCY							350232
101	TOTAL							434789

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINISTRA TION & ACC OUNTING 6.01	SUBTOTAL 6.02	GENERAL
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	178696	178696						3
4	NEW CAP REL COSTS-MVBLE EQUIP	416347		416347					4
5	EMPLOYEE BENEFITS	1665100	768	266	1666134				5
6.01	ADMINISTRATION & ACCOUNTING	805584	33060	8536	39679	886859	886859		6.01
6.02	GENERAL	378963	19649	94472	57334	550418	38942	589360	6.02
6.03	ADMITTING	64547	645	252	17253	82697	5851	88548	6.03
6.04	PATIENT ACCOUNTING	388552	3783	5702	59205	457242	32350	489592	6.04
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT	522471	12746	12060	50208	597485	42272	639757	8
9	LAUNDRY & LINEN SERVICE	74719	6746	3725	12227	97417	6892	104309	9
10	HOUSEKEEPING	147480	799	545	37777	186601	13202	199803	10
11	DIETARY	193418	8874	5138	31756	239186	16922	256108	11
12	CAFETERIA								12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION								14
14.01	UR/QUALITY IMPROVEMENT	244870	367	1127	69705	316069	22362	338431	14.01
14.02	NURSING ADMINISTRATION	140012	2951	160	40645	183768	13002	196770	14.02
15	CENTRAL SERVICES & SUPPLY								15
15.01	PURCHASING								15.01
15.02	CENTRAL SERVICES & SUPPLY	40249	5530	862	11038	57679	4081	61760	15.02
16	PHARMACY	359773	1425	1158		362356	25637	387993	16
17	MEDICAL RECORDS & LIBRARY	272410	5777	9954	55246	343387	24295	367682	17
18	SOCIAL SERVICE	1029				1029	73	1102	18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES A								22
23	I&R SERVICES-OTHER PRGM COSTS A								23
24	PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	876654	32220	38577	217652	1165103	82431	1247534	25
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	772194	10369	54517	130845	967925	68481	1036406	37
40	ANESTHESIOLOGY	23961	166	16467		40594	2872	43466	40
41	RADIOLOGY-DIAGNOSTIC	727363	615	75939	112188	916105	64814	980919	41
41.01	ULTRA SOUND	150883	673	2934		154490	10930	165420	41.01
43	RADIOISOTOPE	445626	5812			451438	31939	483377	43
44	LABORATORY	934424	4300	23580	127405	1089709	77097	1166806	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	RESPIRATORY THERAPY	107512	1201	5424	26181	140318	9927	150245	49
49.50	SLEEP LAB	88758	1360	534	13648	104300	7379	111679	49.50
50	PHYSICAL THERAPY	618063	3194	19443	174632	815332	57685	873017	50
51	OCCUPATIONAL THERAPY	87715		129	25578	113422	8025	121447	51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY	25091		4840		29931	2118	32049	53
55	MEDICAL SUPPLIES CHARGED TO PAT	106923				106923	7565	114488	55
56	DRUGS CHARGED TO PATIENTS	226969				226969	16058	243027	56
OUTPATIENT SERVICE COST CENTERS									
60	CLINIC								60
61	EMERGENCY	1126054	6680	12254	168290	1313278	92913	1406191	61
62	OBSERVATION BEDS (NON-DISTINCT								62
63.50	RHC								63.50
63.60	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY	45646		540	11877	58063	4108	62171	71
SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	12258056	169710	399135	1490369	12056093	790223	11959457	95
NONREIMBURSABLE COST CENTERS									
98	PHYSICIANS' PRIVATE OFFICES	83384	8986	225	20787	113382	8022	121404	98
98.02	ASSISTED LIVING	1077353		16987	154102	1248442	88327	1336769	98.02
98.03	CARDIAC REHAB	3181			876	4057	287	4344	98.03
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	13421974	178696	416347	1666134	13421974	886859	13421974	103

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION		ADMITTING	PATIENT AC	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	UR/QUALITY	
		6.03	COUNTING	OF PLANT	& LINEN	KEEPING			IMPROVEME	
			6.04	8	SERVICE	10	11	12	NT	14.01
					9					
GENERAL SERVICE COST CENTERS										
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	ADMINISTRATION & ACCOUNTING									6.01
6.02	GENERAL									6.02
6.03	ADMITTING	92615								6.03
6.04	PATIENT ACCOUNTING		512077							6.04
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT			669139						8
9	LAUNDRY & LINEN SERVICE			45568	154668					9
10	HOUSEKEEPING			5394	8825	223198				10
11	DIETARY			59947	3289		331106			11
12	CAFETERIA					5225	212285	217510		12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION									14
14.01	UR/QUALITY IMPROVEMENT			2479		3588		8527	368568	14.01
14.02	NURSING ADMINISTRATION			19932		3251		7338		14.02
15	CENTRAL SERVICES & SUPPLY									15
15.01	PURCHASING									15.01
15.02	CENTRAL SERVICES & SUPPLY			37357		4455		5111		15.02
16	PHARMACY			9629		3419				16
17	MEDICAL RECORDS & LIBRARY			39025		3636		15638		17
18	SOCIAL SERVICE									18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
25	INPATIENT ROUTINE SERV COST CENTERS									
	ADULTS & PEDIATRICS	7929	43926	217645	97668	92106	106287	47343	146482	25
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	11581	64160	70040	12056	38480	12534	20521	94709	37
40	ANESTHESIOLOGY	1695	9392	1119		3323				40
41	RADIOLOGY-DIAGNOSTIC	19791	109628	4155	8444	3419		19990		41
41.01	ULTRA SOUND	2983	16526	4545		3251				41.01
43	RADIOISOTOPE	6221	34468	39261		3251				43
44	LABORATORY	14074	77973	29047		3251		24545		44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY	1195	6623	8111		3251		4808		49
49.50	SLEEP LAB	943	5223	9186	1035	3251		2353		49.50
50	PHYSICAL THERAPY	7460	41329	21575	14750	12835		27024		50
51	OCCUPATIONAL THERAPY	887	4914			3323		3821		51
52	SPEECH PATHOLOGY									52
53	ELECTROCARDIOLOGY	1113	6168							53
55	MEDICAL SUPPLIES CHARGED TO PAT	2834	15702							55
56	DRUGS CHARGED TO PATIENTS	3732	20674							56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC									60
61	EMERGENCY	9994	55371	45124	8314	21142		30491	110476	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
	OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY	183							7888	71
	SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS	92615	512077	669139	154381	214457	331106	217510	359555	95
	NONREIMBURSABLE COST CENTERS									
98	PHYSICIANS' PRIVATE OFFICES				287	8741			9013	98
98.02	ASSISTED LIVING									98.02
98.03	CARDIAC REHAB									98.03
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	92615	512077	669139	154668	223198	331106	217510	368568	103

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/97)

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		NURSING AD MINISTRATI ON	CENTRAL SE RVICES & S UPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
		14.02	15.02	16	17	18	25	26	27
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS								5
6.01	ADMINISTRATION & ACCOUNTING								6.01
6.02	GENERAL								6.02
6.03	ADMITTING								6.03
6.04	PATIENT ACCOUNTING								6.04
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT								8
9	LAUNDRY & LINEN SERVICE								9
10	HOUSEKEEPING								10
11	DIETARY								11
12	CAFETERIA								12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION								14
14.01	UR/QUALITY IMPROVEMENT								14.01
14.02	NURSING ADMINISTRATION	236328							14.02
15	CENTRAL SERVICES & SUPPLY								15
15.01	PURCHASING								15.01
15.02	CENTRAL SERVICES & SUPPLY		111519						15.02
16	PHARMACY		1198	420058					16
17	MEDICAL RECORDS & LIBRARY		425		443293				17
18	SOCIAL SERVICE					1153			18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES A								22
23	I&R SERVICES-OTHER PRGM COSTS A								23
24	PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	93925	6879	815	102661	1153	2269648		2269648 25
ANCILIARY SERVICE COST CENTERS									
37	OPERATING ROOM	60728	36882	9599	31742		1547037		1547037 37
40	ANESTHESIOLOGY		1159	10724			72874		72874 40
41	RADIOLOGY-DIAGNOSTIC		8511	20201	119711		1339820		1339820 41
41.01	ULTRA SOUND		406				200728		200728 41.01
43	RADIOISOTOPE		1732	55202			645712		645712 43
44	LABORATORY		42866		48247		1460397		1460397 44
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	RESPIRATORY THERAPY		1131	5064	6711		194039		194039 49
49.50	SLEEP LAB						138799		138799 49.50
50	PHYSICAL THERAPY		1422	139	39359		1079005		1079005 50
51	OCCUPATIONAL THERAPY		35				140005		140005 51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY		146				40948		40948 53
55	MEDICAL SUPPLIES CHARGED TO PAT		3463				141745		141745 55
56	DRUGS CHARGED TO PATIENTS			317926			596521		596521 56
OUTPATIENT SERVICE COST CENTERS									
60	CLINIC								60
61	EMERGENCY	70838	4973	255	94862		1922610		1922610 61
62	OBSERVATION BEDS (NON-DISTINCT								62
63.50	RHC								63.50
63.60	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY	5058	51				78206		78206 71
SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	230549	111279	419925	443293	1153	11868094		11868094 95
NONREIMBURSABLE COST CENTERS									
98	PHYSICIANS' PRIVATE OFFICES	5779	240	133			151173		151173 98
98.02	ASSISTED LIVING						1398163		1398163 98.02
98.03	CARDIAC REHAB						4544		4544 98.03
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	236328	111519	420058	443293	1153	13421974		13421974 103

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINISTRA TION & ACC OUNTING 6.01	GENERAL 6.02	ADMITTING 6.03
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS		768	266	1034	1034			5
6.01	ADMINISTRATION & ACCOUNTING		33060	8536	41596	25	41621		6.01
6.02	GENERAL		19649	94472	114121	36	1827	115984	6.02
6.03	ADMITTING		645	252	897	11	275	800	6.03
6.04	PATIENT ACCOUNTING		3783	5702	9485	37	1518	4425	6.04
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT		12746	12060	24806	31	1984	5782	8
9	LAUNDRY & LINEN SERVICE		6746	3725	10471	8	323	943	9
10	HOUSEKEEPING		799	545	1344	23	620	1806	10
11	DIETARY		8874	5138	14012	20	794	2315	11
12	CAFETERIA								12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION								14
14.01	UR/QUALITY IMPROVEMENT		367	1127	1494	43	1049	3059	14.01
14.02	NURSING ADMINISTRATION		2951	160	3111	25	610	1778	14.02
15	CENTRAL SERVICES & SUPPLY								15
15.01	PURCHASING								15.01
15.02	CENTRAL SERVICES & SUPPLY		5530	862	6392	7	191	558	15.02
16	PHARMACY		1425	1158	2583		1203	3507	16
17	MEDICAL RECORDS & LIBRARY		5777	9954	15731	34	1140	3323	17
18	SOCIAL SERVICE						3	10	18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES A								22
23	I&R SERVICES-OTHER PRGM COSTS A								23
24	PARAMED ED PRGM- (SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS		32220	38577	70797	136	3868	11275	171 25
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		10369	54517	64886	81	3214	9367	249 37
40	ANESTHESIOLOGY		166	16467	16633		135	393	36 40
41	RADIOLOGY-DIAGNOSTIC		615	75939	76554	70	3041	8866	416 41
41.01	ULTRA SOUND		673	2934	3607		513	1495	64 41.01
43	RADIOISOTOPE		5812		5812		1499	4369	134 43
44	LABORATORY		4300	23580	27880	79	3618	10546	303 44
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	RESPIRATORY THERAPY		1201	5424	6625	16	466	1358	26 49
49.50	SLEEP LAB		1360	534	1894	8	346	1009	20 49.50
50	PHYSICAL THERAPY		3194	19443	22637	108	2707	7890	161 50
51	OCCUPATIONAL THERAPY			129	129	16	377	1098	19 51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY			4840	4840		99	290	24 53
55	MEDICAL SUPPLIES CHARGED TO PAT						355	1035	61 55
56	DRUGS CHARGED TO PATIENTS						754	2196	80 56
OUTPATIENT SERVICE COST CENTERS									
60	CLINIC								60
61	EMERGENCY		6680	12254	18934	104	4365	12711	215 61
62	OBSERVATION BEDS (NON-DISTINCT								62
63.50	RHC								63.50
63.60	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY			540	540	7	193	562	4 71
SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
95	SUBTOTALS		169710	399135	568845	925	37087	102766	1983 95
NONREIMBURSABLE COST CENTERS									
98	PHYSICIANS' PRIVATE OFFICES		8986	225	9211	13	376	1097	98
98.02	ASSISTED LIVING			16987	16987	95	4145	12082	98.02
98.03	CARDIAC REHAB					1	13	39	98.03
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL		178696	416347	595043	1034	41621	115984	1983 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		PATIENT AC COUNTING	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	UR/QUALITY IMPROVEME NT	NURSING AD MINISTRATI ON	
		6.04	8	9	10	11	12	14.01	14.02	
GENERAL SERVICE COST CENTERS										
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	ADMINISTRATION & ACCOUNTING									6.01
6.02	GENERAL									6.02
6.03	ADMITTING									6.03
6.04	PATIENT ACCOUNTING	15465								6.04
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT		32603							8
9	LAUNDRY & LINEN SERVICE		2220	13965						9
10	HOUSEKEEPING		263	797	4853					10
11	DIETARY		2921	297		20359				11
12	CAFETERIA				114	13053	13167			12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION									14
14.01	UR/QUALITY IMPROVEMENT		121		78		516	6360		14.01
14.02	NURSING ADMINISTRATION		971		71		444		7010	14.02
15	CENTRAL SERVICES & SUPPLY									15
15.01	PURCHASING									15.01
15.02	CENTRAL SERVICES & SUPPLY		1820		97		309			15.02
16	PHARMACY		469		74					16
17	MEDICAL RECORDS & LIBRARY		1902		79		947			17
18	SOCIAL SERVICE									18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS										
25	ADULTS & PEDIATRICS	1327	10604	8818	2001	6535	2867	2528	2787	25
ANCILLARY SERVICE COST CENTERS										
37	OPERATING ROOM	1938	3413	1089	837	771	1242	1634	1801	37
40	ANESTHESIOLOGY	284	55		72					40
41	RADIOLOGY-DIAGNOSTIC	3311	202	762	74		1210			41
41.01	ULTRA SOUND	499	221		71					41.01
43	RADIOISOTOPE	1041	1913		71					43
44	LABORATORY	2355	1415		71		1486			44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY	200	395		71		291			49
49.50	SLEEP LAB	158	448	93	71		142			49.50
50	PHYSICAL THERAPY	1248	1051	1332	279		1636			50
51	OCCUPATIONAL THERAPY	148			72		231			51
52	SPEECH PATHOLOGY									52
53	ELECTROCARDIOLOGY	186								53
55	MEDICAL SUPPLIES CHARGED TO PAT	474								55
56	DRUGS CHARGED TO PATIENTS	624								56
OUTPATIENT SERVICE COST CENTERS										
60	CLINIC									60
61	EMERGENCY	1672	2199	751	460		1846	1906	2101	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
OTHER REIMBURSABLE COST CENTERS										
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY							136	150	71
SPECIAL PURPOSE COST CENTERS										
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS	15465	32603	13939	4663	20359	13167	6204	6839	95
NONREIMBURSABLE COST CENTERS										
98	PHYSICIANS' PRIVATE OFFICES			26	190			156	171	98
98.02	ASSISTED LIVING									98.02
98.03	CARDIAC REHAB									98.03
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	15465	32603	13965	4853	20359	13167	6360	7010	103

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		15.02	16	17	18	25	26	27	
	GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS								5
6.01	ADMINISTRATION & ACCOUNTING								6.01
6.02	GENERAL								6.02
6.03	ADMITTING								6.03
6.04	PATIENT ACCOUNTING								6.04
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT								8
9	LAUNDRY & LINEN SERVICE								9
10	HOUSEKEEPING								10
11	DIETARY								11
12	CAFETERIA								12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION								14
14.01	UR/QUALITY IMPROVEMENT								14.01
14.02	NURSING ADMINISTRATION								14.02
15	CENTRAL SERVICES & SUPPLY								15
15.01	PURCHASING								15.01
15.02	CENTRAL SERVICES & SUPPLY	9374							15.02
16	PHARMACY	101	7937						16
17	MEDICAL RECORDS & LIBRARY	36		23192					17
18	SOCIAL SERVICE				13				18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES A								22
23	I&R SERVICES-OTHER PRGM COSTS A								23
24	PARAMED ED PRGM-(SPECIFY)								24
	INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	578	15	5371	13	129691		129691	25
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	3100	181	1661		95464		95464	37
40	ANESTHESIOLOGY	97	203			17908		17908	40
41	RADIOLOGY-DIAGNOSTIC	715	382	6263		101866		101866	41
41.01	ULTRA SOUND	34				6504		6504	41.01
43	RADIOISOTOPE	146	1043			16028		16028	43
44	LABORATORY	3604		2524		53881		53881	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	RESPIRATORY THERAPY	95	96	351		9990		9990	49
49.50	SLEEP LAB					4189		4189	49.50
50	PHYSICAL THERAPY	120	3	2059		41231		41231	50
51	OCCUPATIONAL THERAPY	3				2093		2093	51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY	12				5451		5451	53
55	MEDICAL SUPPLIES CHARGED TO PAT	291				2216		2216	55
56	DRUGS CHARGED TO PATIENTS		6006			9660		9660	56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC								60
61	EMERGENCY	418	5	4963		52650		52650	61
62	OBSERVATION BEDS (NON-DISTINCT								62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY	4				1596		1596	71
	SPECIAL PURPOSE COST CENTERS								
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	9354	7934	23192	13	550418		550418	95
	NONREIMBURSABLE COST CENTERS								
98	PHYSICIANS' PRIVATE OFFICES	20	3			11263		11263	98
98.02	ASSISTED LIVING					33309		33309	98.02
98.03	CARDIAC REHAB					53		53	98.03
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	9374	7937	23192	13	595043		595043	103

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINISTRA- TION & ACC OUNTING ACCUM COST	RECON- CILIATION	GENERAL ACCUM COST
	3	4	5	6A.01	6.01		6.02
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	6042395						3
4 NEW CAP REL COSTS-MVBLE EQUIP		412328					4
5 EMPLOYEE BENEFITS	25980	263	5610436				5
6.01 ADMINISTRATION & ACCOUNTING	1117967	8454	133612	-886859	12535115		6.01
6.02 GENERAL	664411	93558	193063		550418	-589360	6.02
6.03 ADMITTING	21800	250	58096		82697		6.03
6.04 PATIENT ACCOUNTING	127900	5647	199364		457242		6.04
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT	430973	11944	169066		597485		8
9 LAUNDRY & LINEN SERVICE	228100	3689	41174		97417		9
10 HOUSEKEEPING	27001	540	127207		186601		10
11 DIETARY	300075	5088	106932		239186		11
12 CAFETERIA							12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION							14
14.01 UR/QUALITY IMPROVEMENT	12407	1116	234719		316069		14.01
14.02 NURSING ADMINISTRATION	99775	158	136865		183768		14.02
15 CENTRAL SERVICES & SUPPLY							15
15.01 PURCHASING							15.01
15.02 CENTRAL SERVICES & SUPPLY	187000	854	37168		57679		15.02
16 PHARMACY	48200	1147			362356		16
17 MEDICAL RECORDS & LIBRARY	195348	9858	186031		343387		17
18 SOCIAL SERVICE					1029		18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES							22
23 I&R SERVICES-OTHER PRGM COSTS							23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	1089463	38205	732922		1165103		25
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	350599	53991	440599		967925		37
40 ANESTHESIOLOGY	5600	16308			40594		40
41 RADIOLOGY-DIAGNOSTIC	20800	75206	377773		916105		41
41.01 ULTRA SOUND	22753	2906			154490		41.01
43 RADIOISOTOPE	196527				451438		43
44 LABORATORY	145400	23352	429015		1089709		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	40600	5372	88160		140318		49
49.50 SLEEP LAB	45984	529	45957		104300		49.50
50 PHYSICAL THERAPY	108000	19255	588043		815332		50
51 OCCUPATIONAL THERAPY		128	86129		113422		51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		4793			29931		53
55 MEDICAL SUPPLIES CHARGED TO P					106923		55
56 DRUGS CHARGED TO PATIENTS					226969		56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY	225876	12136	566688		1313278		61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 PQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY		535	39993		58063		71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	5738539	395282	5018576	-886859	11169234	-589360	95
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES	303856	223	69997		113382		98
98.02 ASSISTED LIVING		16823	518912		1248442		98.02
98.03 CARDIAC REHAB			2951		4057		98.03

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/97)

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON- CILIATION 6A.01	ADMINISTRA TION & ACC OUNTING ACCUM COST 6.01	RECON- CILIATION GENERAL ACCUM COST 6.02	
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	COST TO BE ALLOC PER B PT I	178696	416347	1666134		886859	589360	103
104	UNIT COST MULT-WS B PT I		1.009747					104
104	UNIT COST MULT-WS B PT I	.029574		.296971		.070750	.045927	104
105	COST TO BE ALLOC PER B PT II							105
106	UNIT COST MULT-WS B PT II							106
106	UNIT COST MULT-WS B PT II							106
107	COST TO BE ALLOC PER B PT III			1034		41621	115984	107
108	UNIT COST MULT-WS B PT III							108
108	UNIT COST MULT-WS B PT III			.000184		.003320	.009038	108

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		ADMITTING	PATIENT AC	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	UR/QUALITY
		GROSS CHAR	COUNTING	OF PLANT	& LINEN	KEEPING	S MEALS SERV	FTE'S SERV	IMPROVEME
		GES	GES	SQUARE FEE	POUNDS OF	HOURS OF S	ED	ED	NT
		6.03	6.04	8	9	10	11	12	DIRECT NRS
									ING HRS
									14.01
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS								5
6.01	ADMINISTRATION & ACCOUNTING								6.01
6.02	GENERAL								6.02
6.03	ADMITTING	24915491							6.03
6.04	PATIENT ACCOUNTING		24866167						6.04
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT			3349508					8
9	LAUNDRY & LINEN SERVICE			228100	153449				9
10	HOUSEKEEPING			27001	8755	9269			10
11	DIETARY			300075	3263		31884		11
12	CAFETERIA					217	20442	8596	12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION								14
14.01	UR/QUALITY IMPROVEMENT			12407		149		337	45512 14.01
14.02	NURSING ADMINISTRATION			99775		135		290	14.02
15	CENTRAL SERVICES & SUPPLY								15
15.01	PURCHASING								15.01
15.02	CENTRAL SERVICES & SUPPLY			187000		185		202	15.02
16	PHARMACY			48200		142			16
17	MEDICAL RECORDS & LIBRARY			195348		151		618	17
18	SOCIAL SERVICE								18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES								22
23	I&R SERVICES-OTHER PRGM COSTS								23
24	PARAMED ED PRGM-(SPECIFY)								24
25	INPATIENT ROUTINE SERV COST CENTERS								
	ADULTS & PEDIATRICS	2133067	2133067	1089463	96899	3825	10235	1871	18088 25
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	3115633	3115633	350599	11961	1598	1207	811	11695 37
40	ANESTHESIOLOGY	456068	456068	5600		138			40
41	RADIOLOGY-DIAGNOSTIC	5323144	5323144	20800	8377	142		790	41
41.01	ULTRA SOUND	802519	802519	22753		135			41.01
43	RADIOISOTOPE	1673761	1673761	196527		135			43
44	LABORATORY	3786363	3786363	145400		135		970	44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	321619	321619	40600		135		190	49
49.50	SLEEP LAB	253640	253640	45984	1027	135		93	49.50
50	PHYSICAL THERAPY	2006954	2006954	108000	14634	533		1068	50
51	OCCUPATIONAL THERAPY	238623	238623			138		151	51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY	299496	299496						53
55	MEDICAL SUPPLIES CHARGED TO P	762516	762516						55
56	DRUGS CHARGED TO PATIENTS	1003926	1003926						56
OUTPATIENT SERVICE COST CENTERS									
60	CLINIC								60
61	EMERGENCY	2688838	2688838	225876	8248	878		1205	13642 61
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	RHC								63.50
63.60	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERA								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY	49324							974 71
SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	24915491	24866167	3349508	153164	8906	31884	8596	44399 95
NONREIMBURSABLE COST CENTERS									
98	PHYSICIANS' PRIVATE OFFICES				285	363			1113 98
98.02	ASSISTED LIVING								98.02
98.03	CARDIAC REHAB								98.03

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		ADMITTING GROSS GES	PATIENT AC COUNTING GES	OPERATION OF PLANT T	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF S ERVICE	DIETARY MEALS SERV ED	CAFETERIA FTE'S SERV ED	UR/QUALITY IMPROVEME NT DIRECT NRS ING HRS
		6.03	6.04	8	9	10	11	12	14.01
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	92615	512077	669139	154668	223198	331106	217510	368568 103
104	UNIT COST MULT-WS B PT I	.003717		.199772		24.080052		25.303630	104
104	UNIT COST MULT-WS B PT I		.020593		1.007944		10.384707		8.098260 104
105	COST TO BE ALLOC PER B PT II								105
106	UNIT COST MULT-WS B PT II								106
106	UNIT COST MULT-WS B PT II								106
107	COST TO BE ALLOC PER B PT III	1983	15465	32603	13965	4853	20359	13167	6360 107
108	UNIT COST MULT-WS B PT III	.000080		.009734		.523573		1.531759	108
108	UNIT COST MULT-WS B PT III		.000622		.091007		.638533		.139743 108

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINISTRATION DIRECT NRS ING HRS	CENTRAL SERVICES & SUPPLY COSTED REQ UIS.	PHARMACY COSTED REQ UIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT	
	14.02	15.02	16	17	18	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6.01 ADMINISTRATION & ACCOUNTING						6.01
6.02 GENERAL						6.02
6.03 ADMITTING						6.03
6.04 PATIENT ACCOUNTING						6.04
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION						14
14.01 UR/QUALITY IMPROVEMENT						14.01
14.02 NURSING ADMINISTRATION	45512					14.02
15 CENTRAL SERVICES & SUPPLY						15
15.01 PURCHASING						15.01
15.02 CENTRAL SERVICES & SUPPLY		859828				15.02
16 PHARMACY		9240	296352			16
17 MEDICAL RECORDS & LIBRARY		3279		2444		17
18 SOCIAL SERVICE					100	18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES						22
23 I&R SERVICES-OTHER PRGM COSTS						23
24 PARAMED ED PRGM-(SPECIFY)						24
25 INPATIENT ROUTINE SERV COST CENTERS ADULTS & PEDIATRICS	18088	53037	575	566	100	25
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	11695	284364	6772	175		37
40 ANESTHESIOLOGY		8939	7566			40
41 RADIOLOGY-DIAGNOSTIC		65623	14252	660		41
41.01 ULTRA SOUND		3134				41.01
43 RADIOISOTOPE		13353	38945			43
44 LABORATORY		330509		266		44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY		8721	3573	37		49
49.50 SLEEP LAB						49.50
50 PHYSICAL THERAPY		10962	98	217		50
51 OCCUPATIONAL THERAPY		269				51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY		1122				53
55 MEDICAL SUPPLIES CHARGED TO P		26697				55
56 DRUGS CHARGED TO PATIENTS			224297			56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY	13642	38340	180	523		61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERA						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY	974	391				71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS	44399	857980	296258	2444	100	95
NONREIMBURSABLE COST CENTERS						
98 PHYSICIANS' PRIVATE OFFICES	1113	1848	94			98
98.02 ASSISTED LIVING						98.02
98.03 CARDIAC REHAB						98.03

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING AD MINISTRATI ON DIRECT NRS ING HRS	CENTRAL SE RVICES & S UPPLY COSTED REQ UIS.	PHARMACY COSTED REQ UIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT
	14.02	15.02	16	17	18
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOC PER B PT I	236328	111519	420058	443293	1153
104 UNIT COST MULT-WS B PT I	5.192652		1.417429		11.530000
104 UNIT COST MULT-WS B PT I		.129699		181.380115	
105 COST TO BE ALLOC PER B PT II					
106 UNIT COST MULT-WS B PT II					
106 UNIT COST MULT-WS B PT II					
107 COST TO BE ALLOC PER B PT III	7010	9374	7937	23192	13
108 UNIT COST MULT-WS B PT III	.154025		.026782		.130000
108 UNIT COST MULT-WS B PT III		.010902		9.489362	

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
25 INPATIENT ROUTINE SERV COST CENTERS	2269648		2269648		2269648	25
ADULTS & PEDIATRICS						
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1547037		1547037		1547037	37
40 ANESTHESIOLOGY	72874		72874		72874	40
41 RADIOLOGY-DIAGNOSTIC	1339820		1339820		1339820	41
41.01 ULTRA SOUND	200728		200728		200728	41.01
43 RADIOISOTOPE	645712		645712		645712	43
44 LABORATORY	1460397		1460397		1460397	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	194039		194039		194039	49
49.50 SLEEP LAB	138799		138799		138799	49.50
50 PHYSICAL THERAPY	1079005		1079005		1079005	50
51 OCCUPATIONAL THERAPY	140005		140005		140005	51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	40948		40948		40948	53
55 MEDICAL SUPPLIES CHARGED TO	141745		141745		141745	55
56 DRUGS CHARGED TO PATIENTS	596521		596521		596521	56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY	1922610		1922610		1922610	61
62 OBSERVATION BEDS (NON-DISTI	58446		58446		58446	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	11848334		11848334		11848334	101
102 LESS OBSERVATION BEDS	58446		58446		58446	102
103 TOTAL	11789888		11789888		11789888	103

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (5/1999)

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART 1 (CONT)

COST CENTER DESCRIPTION		----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
		INPATIENT 6	OUTPATIENT 7	TOTAL 8			
25	INPATIENT ROUTINE SERV COST CENTERS						
	ADULTS & PEDIATRICS	1064173		1064173			25
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	53014	3062619	3115633	.496540	.496540	.496540 37
40	ANESTHESIOLOGY	12081	443986	456067	.159788	.159788	.159788 40
41	RADIOLOGY-DIAGNOSTIC	305334	5017809	5323143	.251697	.251697	.251697 41
41.01	ULTRA SOUND	93541	708978	802519	.250122	.250122	.250122 41.01
43	RADIOISOTOPE	51841	1621920	1673761	.385785	.385785	.385785 43
44	LABORATORY	558723	3227640	3786363	.385699	.385699	.385699 44
46.30	BLOOD CLOTTING FACTORS ADMI						46.30
49	RESPIRATORY THERAPY	226167	95452	321619	.603319	.603319	.603319 49
49.50	SLEEP LAB	3162	250478	253640	.547228	.547228	.547228 49.50
50	PHYSICAL THERAPY	263196	1743758	2006954	.537633	.537633	.537633 50
51	OCCUPATIONAL THERAPY	111188	127435	238623	.586720	.586720	.586720 51
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY	48882	250614	299496	.136723	.136723	.136723 53
55	MEDICAL SUPPLIES CHARGED TO	357397	405119	762516	.185891	.185891	.185891 55
56	DRUGS CHARGED TO PATIENTS	624318	379607	1003925	.594189	.594189	.594189 56
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC						60
61	EMERGENCY	2099	2686738	2688837	.715034	.715034	.715034 61
62	OBSERVATION BEDS (NON-DISTI		98648	98648	.592470	.592470	.592470 62
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
101	SUBTOTAL	3775116	20120801	23895917			101
102	LESS OBSERVATION BEDS						102
103	TOTAL	3775116	20120801	23895917			103

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (8/2002)

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-1332)
APPLICABLE [XX] TITLE XVIII-PT B [] SUB I
BOXES [] TITLE XIX - O/P [] SUB II
[] SUB III
[] SUB IV

[] SNF
[] NF
[] S/B-SNF
[] S/B-NF
[] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.496540	.496540	.496540			37
40 ANESTHESIOLOGY	.159788	.159788	.159788			40
41 RADIOLOGY-DIAGNOSTIC	.251697	.251697	.251697			41
41.01 ULTRA SOUND	.250122	.250122	.250122			41.01
43 RADIOISOTOPE	.385785	.385785	.385785			43
44 LABORATORY	.385699	.385699	.385699			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.603319	.603319	.603319			49
49.50 SLEEP LAB	.547228	.547228	.547228			49.50
50 PHYSICAL THERAPY	.537633	.537633	.537633			50
51 OCCUPATIONAL THERAPY	.586720	.586720	.586720			51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	.136723	.136723	.136723			53
55 MEDICAL SUPPLIES CHARGED TO PAT	.185891	.185891	.185891			55
56 DRUGS CHARGED TO PATIENTS	.594189	.594189	.594189			56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY	.715034	.715034	.715034			61
62 OBSERVATION BEDS (NON-DISTINCT	.592470	.592470	.592470			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1
2	VACCINE CHARGES (OTHER THAN HEPATITIS B)	2
2.01	VACCINE CHARGES - HEPATITIS B	2.01
3	VACCINE COSTS (OTHER THAN HEPATITIS B)	3
3.01	VACCINE COSTS - HEPATITIS B	3.01

PROVIDER NO. 14-1332 HILLSBORO AREA HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (8/2002)

VERSION: 2009.08
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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (14-1332)	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

		PROGRAM CHARGES					PROGRAM COST		
COST CENTER DESCRIPTION	ALL	PPS SER-		PPS SER-	PPS SER-	OUTPATIENT			
	OTHER (1)	VICES	ALL OTHER	VICES	VICES	AMBULATORY	OTHER		
	(SEE	(SEE	(SEE	(SEE	(SEE	SURGICAL	OUTPATIENT	OUTPATIENT	
	INSTRU.)	INSTRU.)	INSTRU.)	INSTRU.)	INSTRU.)	CENTER	RADIOLOGY	DIAGNOSTIC	
	5	5.01	5.02	5.03	5.04	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	1516865								37
40 ANESTHESIOLOGY	218714								40
41 RADIOLOGY-DIAGNOSTIC	2066626								41
41.01 ULTRA SOUND	241509								41.01
43 RADIOISOTOPE	735158								43
44 LABORATORY	1469630								44
46.30 BLOOD CLOTTING FACTORS ADMIN C									46.30
49 RESPIRATORY THERAPY	29070								49
49.50 SLEEP LAB	38830								49.50
50 PHYSICAL THERAPY	700865								50
51 OCCUPATIONAL THERAPY	26384								51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY	126761								53
55 MEDICAL SUPPLIES CHARGED TO PA	266497								55
56 DRUGS CHARGED TO PATIENTS	139197								56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC									60
61 EMERGENCY	879638								61
62 OBSERVATION BEDS (NON-DISTINCT	39344								62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65.01 AMBULANCE SERVICES (2ND PERIOD									65.01
65.02 AMBULANCE SERVICES (3RD PERIOD									65.02
65.03 AMBULANCE SERVICES (4TH PERIOD									65.03
101 SUBTOTAL	8495088								101
102 CRNA CHARGES									102
103 PBP CLINIC LAB									103
104 NET CHARGES	8495088								104

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (14-1332)	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST					HOSPITAL	HOSPITAL
		PPS		PPS	PPS	I/P PART B	I/P PART B
	ALL OTHER (COLS 1x5)	SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	SERVICES (COLUMNS 1.01x5.03)	SERVICES (COLUMNS 1.01x5.04)	CHARGES (SEE INSTRU.)	COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	753184						37
40 ANESTHESIOLOGY	34948						40
41 RADIOLOGY-DIAGNOSTIC	520164						41
41.01 ULTRA SOUND	60407						41.01
43 RADIOISOTOPE	283613						43
44 LABORATORY	566835						44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	17538						49
49.50 SLEEP LAB	21249						49.50
50 PHYSICAL THERAPY	376808						50
51 OCCUPATIONAL THERAPY	15480						51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY	17331						53
55 MEDICAL SUPPLIES CHARGED TO PAT	49539						55
56 DRUGS CHARGED TO PATIENTS	82709						56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY	628971						61
62 OBSERVATION BEDS (NON-DISTINCT	23310						62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL	3452086						101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES	3452086						104

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION		OLD CAPITAL			NEW CAPITAL		
		CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
		1	2	3	4	5	6
25	INPAT ROUTINE SERV COST CTRS				129691	67628	62063
26	ADULTS & PEDIATRICS						
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
30	SURGICAL INTENSIVE CARE UNIT						
31	OTHER SPECIAL CARE (SPECIFY)						
33	SUBPROVIDER I						
33	NURSERY						
101	TOTAL				129691		62063

COST CENTER DESCRIPTION		OLD CAPITAL			NEW CAPITAL		
		TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
		7	8	9	10	11	12
25	INPAT ROUTINE SERV COST CTRS						
26	ADULTS & PEDIATRICS	1561	71			39.76	2823
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
30	SURGICAL INTENSIVE CARE UNIT						
31	OTHER SPECIAL CARE (SPECIFY)						
33	SUBPROVIDER I						
33	NURSERY						
101	TOTAL	1561	71				2823

PROVIDER NO. 14-1332 HILLSBORO AREA HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-1332) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	----	OLD CAPITAL	----	NEW CAPITAL	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL	
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	COSTS	
	COST	COST		CHARGES	CHARGES		CHARGES		
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		95464	3115633				.030640		37
40 ANESTHESIOLOGY		17908	456067				.039266		40
41 RADIOLOGY-DIAGNOSTIC		101866	5323143				.019136		41
41.01 ULTRA SOUND		6504	802519				.008104		41.01
43 RADIOISOTOPE		16028	1673761				.009576		43
44 LABORATORY		53881	3786363				.014230		44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY		9990	321619				.031062		49
49.50 SLEEP LAB		4189	253640				.016516		49.50
50 PHYSICAL THERAPY		41231	2006954				.020544		50
51 OCCUPATIONAL THERAPY		2093	238623				.008771		51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY		5451	299496				.018201		53
55 MEDICAL SUPPLIES CHARGED TO P		2216	762516				.002906		55
56 DRUGS CHARGED TO PATIENTS		9660	1003925				.009622		56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC									60
61 EMERGENCY		52650	2688837				.019581		61
62 OBSERVATION BEDS (NON-DISTINC			98648						62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		419131	22831744						101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK [] TITLE V
APPLICABLE [] TITLE XVIII-PT A
BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION		NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
25	INPAT ROUTINE SERV COST CTRS								
26	ADULTS & PEDIATRICS					1561		71	25
27	INTENSIVE CARE UNIT								26
28	CORONARY CARE UNIT								27
29	BURN INTENSIVE CARE UNIT								28
30	SURGICAL INTENSIVE CARE UNIT								29
31	OTHER SPECIAL CARE (SPECIFY)								30
32	SUBPROVIDER I								31
33	NURSERY								33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					1561		71	101

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-1332)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NP	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRA SOUND							41.01
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
49.50 SLEEP LAB							49.50
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART 1V

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-1332)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		3115633					37
40 ANESTHESIOLOGY		456067					40
41 RADIOLOGY-DIAGNOSTIC		5323143					41
41.01 ULTRA SOUND		802519					41.01
43 RADIOISOTOPE		1673761					43
44 LABORATORY		3786363					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		321619					49
49.50 SLEEP LAB		253640					49.50
50 PHYSICAL THERAPY		2006954					50
51 OCCUPATIONAL THERAPY		238623					51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		299496					53
55 MEDICAL SUPPLIES CHARGED TO P		762516					55
56 DRUGS CHARGED TO PATIENTS		1003925					56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY		2688837					61
62 OBSERVATION BEDS (NON-DISTINC		98648					62
63.50 RHC							63.50
63.60 PQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		22831744					101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-1332)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRA SOUND					41.01
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
49.50 SLEEP LAB					49.50
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-1332)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	3262						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	1561						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1561						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	1701						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1149						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	1701						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I (CONT)

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-1332)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2269648						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST	1183522						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1086126						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1064173						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1064173						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.020629						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	681.73						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1086126						37

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-1332)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	695.78					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	799451					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	799451					41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT						43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (OTHER) (14-1332)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	493230					48
49 TOTAL PROGRAM INPATIENT COSTS	1292681					49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES						50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST						52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

PROVIDER NO. 14-1332 HILLSBORO AREA HOSPITAL
PERIOD FROM 07/01/2008 TO 06/30/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II (CONT)

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-1332)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	1183522					60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	1183522					62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

SNF

	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST		66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		67
68 PROGRAM ROUTINE SERVICE COST		68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS		71
72 PER DIEM CAPITAL RELATED COSTS		72
73 PROGRAM CAPITAL RELATED COSTS		73
74 INPATIENT ROUTINE SERVICE COST		74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT		76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS		79
80 PROGRAM INPATIENT ANCILLARY SERVICES		80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS		82

COMPUTATION OF INPATIENT OPERATING COST						WORKSHEET D-1 PARTS III & IV
[] TITLE V-INPT		[XX] TITLE XVIII-PART A		[] TITLE XIX-INPT		
		HOSPITAL (OTHER) (14-1332)	SUB I	SUB II	SUB III	SUB IV
		1	1	1	1	1
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS		84				83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM		695.79				84
85 OBSERVATION BED COST		58446				85

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

[] TITLE V-INPT

[] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-1332)	SUB I	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	3262					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	1561					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1561					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	1701					5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	71					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS						15
16 TITLE V OR XIX NURSERY DAYS						16

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PART I (CONT)

[] TITLE V-INPT

[] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-1332)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2269648						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST	1183522						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1086126						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1064173						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1064173						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.020629						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	681.73						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1086126						37

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WORKSHEET D-1
PART II

[] TITLE V-INPT

[] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-1332)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	695.78					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	49400					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	49400					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT						43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-1332)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	49400					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2823					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	2823					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

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WORKSHEET D-1
PART II (CONT)

[] TITLE V-INPT

[] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-1332)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

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WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

NF

	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST		66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		67
68 PROGRAM ROUTINE SERVICE COST		68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS		71
72 PER DIEM CAPITAL RELATED COSTS		72
73 PROGRAM CAPITAL RELATED COSTS		73
74 INPATIENT ROUTINE SERVICE COST		74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT		76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS		79
80 PROGRAM INPATIENT ANCILLARY SERVICES		80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS		82

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WORKSHEET D-1
 PARTS III & IV

[] TITLE V-INPT	[] TITLE XVIII-PART A	[XX] TITLE XIX-INPT				
	HOSPITAL (OTHER) (14-1332)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	84	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	695.79	84
85 OBSERVATION BED COST	58446	85

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[XX] HOSPITAL (14-1332)	[] SNF	[] PPS
[XX] TITLE XVIII-PT A	[] SUB I	[] NF	[] TEFRA
[] TITLE XIX	[] SUB II	[] S/B-SNF	[XX] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		833340		25
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.496540	20752	10304	37
40 ANESTHESIOLOGY	.159788	4767	762	40
41 RADIOLOGY-DIAGNOSTIC	.251697	187009	47070	41
41.01 ULTRA SOUND	.250122	67970	17001	41.01
43 RADIOISOTOPE	.385785	35113	13546	43
44 LABORATORY	.385699	312179	120407	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.603319	119821	72290	49
49.50 SLEEP LAB	.547228			49.50
50 PHYSICAL THERAPY	.537633	40921	22000	50
51 OCCUPATIONAL THERAPY	.586720	15521	9106	51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.136723	32693	4470	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.185891	181290	33700	55
56 DRUGS CHARGED TO PATIENTS	.594189	239948	142574	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC				60
61 EMERGENCY	.715034			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.592470			62
63.50 RHC				63.50
63.60 PQHC				63.60
101 TOTAL		1257984	493230	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1257984		103

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V
 [XX] TITLE XVIII-PT A
 [] TITLE XIX
 [] HOSPITAL
 [] SUB I
 [] SUB II
 [] SUB III
 [] SUB IV

[] SNF
 [] NF
 [XX] S/B-SNF (14-Z332)
 [] S/B-NF
 [] ICF/MR
 [] PPS
 [] TEFRA
 [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				25
ADULTS & PEDIATRICS				
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.496540	90	45	37
40 ANESTHESIOLOGY	.159788	550	88	40
41 RADIOLOGY-DIAGNOSTIC	.251697	58342	14685	41
41.01 ULTRA SOUND	.250122	7312	1829	41.01
43 RADIOISOTOPE	.385785	7590	2928	43
44 LABORATORY	.385699	149808	57781	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.603319	86947	52457	49
49.50 SLEEP LAB	.547228	3162	1730	49.50
50 PHYSICAL THERAPY	.537633	215525	115873	50
51 OCCUPATIONAL THERAPY	.586720	93456	54833	51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.136723	2534	346	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.185891	127367	23676	55
56 DRUGS CHARGED TO PATIENTS	.594189	253212	150456	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC				60
61 EMERGENCY	.715034			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.592470			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1005895	476727	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1005895		103

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-1332) 1	HOSPITAL (14-1332) 1.01	HOSPITAL (14-1332) 1.02	
1 MEDICAL AND OTHER SERVICES	3452086			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	3452086			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	3486607			17
17.01 TOTAL PPS PAYMENTS				17.01

PROVIDER NO. 14-1332 HILLSBORO AREA HOSPITAL
PERIOD FROM 07/01/2008 TO 06/30/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2009.08
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-1332) 1	HOSPITAL (14-1332) 1.01	HOSPITAL (14-1332) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES	32405		18
18.01 COINSURANCE	1445384		18.01
19 SUBTOTAL	2008818		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	2008818		23
24 PRIMARY PAYER PAYMENTS	1335		24
25 SUBTOTAL	2007483		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	300582		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	300582		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	300582		27.02
28 SUBTOTAL	2308065		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	2308065		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	2019595		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	288470		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	31997		36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

PROVIDER NO. 14-1332 HILLSBORO AREA HOSPITAL
PERIOD FROM 07/01/2008 TO 06/30/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
HOSPITAL (14-1332)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1138081		2125029
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01	01/09/2009 33235	01/09/2009 36392	3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02	06/19/2009 182522		3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03			3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .04			3.04
	TO .05			3.05
	PROVIDER .50		06/19/2009 141826	3.50
	TO .51			3.51
	PROGRAM .52	NONE		3.52
	PROGRAM .53			3.53
	PROGRAM .54			3.54
SUBTOTAL	.99	215757	-105434	3.99
4 TOTAL INTERIM PAYMENTS		1353838	2019595	4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01		288470	6.01
	PROVIDER TO .02	-277296		6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		1076542	2308065	7

NAME OF INTERMEDIARY:

INTERMEDIARY NUMBER:

SIGNATURE OF AUTHORIZED PERSON:

DATE (MO/DAY/YR):

PROVIDER NO. 14-1332 HILLSBORO AREA HOSPITAL
PERIOD FROM 07/01/2008 TO 06/30/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

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WORKSHEET E-1

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
SWING BED SKILLED NURSING FACILITY (14-2332)

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1440402		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01 01/09/2009	47409		3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02 06/19/2009	233993		3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03		NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE		3.52
	PROGRAM .53		NONE	3.53
	.54			3.54
SUBTOTAL	.99	281402		3.99
4 TOTAL INTERIM PAYMENTS		1721804		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- PROGRAM .01				5.01
MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH TO .02		NONE		5.02
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. PROVIDER .03			NONE	5.03
	PROVIDER .50			5.50
	TO .51	NONE		5.51
	PROGRAM .52		NONE	5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT PROGRAM TO				
(BALANCE DUE) BASED ON THE COST PROVIDER .01				6.01
REPORT. PROVIDER TO .02		-101708		6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		1620096		7

NAME OF INTERMEDIARY:

INTERMEDIARY NUMBER:

SIGNATURE OF AUTHORIZED PERSON:

DATE (MO/DAY/YR):

PROVIDER NO. 14-1332 HILLSBORO AREA HOSPITAL
PERIOD FROM 07/01/2008 TO 06/30/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/1999)

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CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

SUPPLEMENTAL
WORKSHEET E-2

COMPUTATION OF NET COST OF COVERED SERVICES

	TITLE V S/B NF	---	TITLE XVIII --- S/B SNF S/B SNF PART A PART B (14-Z332) (14-Z332)	---	TITLE XIX --- S/B SNF S/B NF	
	1		1 2		1 1	
1	INPATIENT ROUTINE SERVICES - SWING BED - SNF		1195357			1
2	INPATIENT ROUTINE SERVICES - SWING BED - NF					2
3	ANCILLARY SERVICES		481494			3
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM					4
5	PROGRAM DAYS		1701			5
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM					6
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY					7
8	SUBTOTAL		1676851			8
9	PRIMARY PAYER PAYMENTS					9
10	SUBTOTAL		1676851			10
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)					11
12	SUBTOTAL		1676851			12
13	COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)		56755			13
14	80% OF PART B COSTS					14
15	SUBTOTAL		1620096			15
16	OTHER ADJUSTMENTS					16
17	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PHYSICIAN PROFESSIONAL SERVICES)					17
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					17.01
18	TOTAL		1620096			18
19	SEQUESTRATION ADJUSTMENT					19
20	INTERIM PAYMENTS		1721804			20
20.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					20.01
21	BALANCE DUE PROVIDER/PROGRAM		-101708			21
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		15397			22

PROVIDER NO. 14-1332 HILLSBORO AREA HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

	HOSPITAL (14-1332)	SUB I	SUB II	SUB III	SUB IV	SNF I
1 INPATIENT SERVICES	1292681					1
1.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)						1.01
2 ORGAN ACQUISITION						2
3 COST OF TEACHING PHYSICIANS						3
4 SUBTOTAL	1292681					4
5 PRIMARY PAYER PAYMENTS						5
6 TOTAL COST	1305608					6
COMPUTATION OF LESSER OF COST OR CHARGES						
REASONABLE CHARGES						
7 ROUTINE SERVICE CHARGES						7
8 ANCILLARY SERVICE CHARGES						8
9 ORGAN ACQUISITION CHARGES, NET OF REVENUE						9
10 TEACHING PHYSICIANS						10
11 TOTAL REASONABLE CHARGES						11
12 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENT LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS						12
13 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						13
14 RATIO OF LINE 12 TO LINE 13						14
15 TOTAL CUSTOMARY CHARGES						15
16 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						16
17 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						17

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

	HOSPITAL (14-1332)	SUB I	SUB II	SUB III	SUB IV	SNF I
COMPUTATION OF REIMBURSEMENT SETTLEMENT						
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					18
19	COST OF COVERED SERVICES	1305608				19
20	DEDUCTIBLES	267789				20
21	EXCESS REASONABLE COST					21
22	SUBTOTAL	1037819				22
23	COINSURANCE	534				23
24	SUBTOTAL	1037285				24
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	39257				25
25.01	REDUCED REIMBURSABLE BAD DEBTS	39257				25.01
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	39257				25.02
26	SUBTOTAL	1076542				26
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					27
28	OTHER ADJUSTMENTS					28
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					29
30	SUBTOTAL	1076542				30
31	SEQUESTRATION ADJUSTMENT					31
32	INTERIM PAYMENTS	1353838				32
32.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					32.01
33	BALANCE DUE PROVIDER/PROGRAM	-277296				33
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	11988				34

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	895938			1
2 TEMPORARY INVESTMENTS	133591			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	2504478			4
5 OTHER RECEIVABLES	92128			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-825000			6
7 INVENTORY	389965			7
8 PREPAID EXPENSES	247820			8
9 OTHER CURRENT ASSETS				9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	3438920			11
FIXED ASSETS				
12 LAND				12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	237676			13
13.01 ACCUMULATED DEPRECIATION				13.01
14 BUILDINGS	11480554			14
14.01 ACCUMULATED DEPRECIATION	-5196150			14.01
15 LEASEHOLD IMPROVEMENTS				15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT	164332			16
16.01 ACCUMULATED DEPRECIATION	-158509			16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	5467743			18
18.01 ACCUMULATED DEPRECIATION	-4157504			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	7838142			21
OTHER ASSETS				
22 INVESTMENTS				22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	16522551			25
26 TOTAL OTHER ASSETS	16522551			26
27 TOTAL ASSETS	27799613			27
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1334010			28
29 SALARIES, WAGES & FEES PAYABLE	611828			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)	114810			31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	50937			35
36 TOTAL CURRENT LIABILITIES	2111585			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE	9918850			38
39 UNSECURED LOANS				39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41 OTHER LONG TERM LIABILITIES				41
42 TOTAL LONG TERM LIABILITIES	9918850			42
43 TOTAL LIABILITIES	12030435			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	15769178			44
45 SPECIFIC PURPOSE FUND BALANCE				45
46 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48 GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49 PLANT FUND BALANCE - INVESTED IN PLANT				49
50 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51 TOTAL FUND BALANCES	15769178			51
52 TOTAL LIABILITIES AND FUND BALANCES	27799613			52

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WORKSHEET G-1

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	14326933			1
2 NET INCOME (LOSS)	1700556			2
3 TOTAL	16027489			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 UNREALIZED CHANGE IN INVESTMENTS	-331995			5
6 CONTRIBUTIONS OF EQUIPMENT	31500			6
7 TRANSFERS FROM FOUNDATION	31500			7
8 RETURN ON INVESTMENTS	19765			8
9 CHANGE IN INTEREST OF FOUNDATION	22419			9
10 TOTAL ADDITIONS	-226811			10
11 SUBTOTAL	15800678			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 RELEASED CONTRIBUTIONS	31500			13
14 AUDIT ADJUSTMENTS				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	31500			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	15769178			19

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/96)

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	2231717		2231717	1
2 SUBPROVIDER I				2
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	2231717		2231717	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT				10
11 CORONARY CARE UNIT				11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	2231717		2231717	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	3785610		3785610	16
17 ANCILLARY SERVICES				17
18 OUTPATIENT SERVICES		21267842	21267842	18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	6017327	21267842	27285169	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		15702938	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		15702938	40

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	27285169	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	10343384	2
3	NET PATIENT REVENUES	16941785	3
4	LESS - TOTAL OPERATING EXPENSES	15702938	4
5	NET INCOME FROM SERVICE TO PATIENTS	1238847	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	279393	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	7898	10
11	REBATES AND REFUNDS OF EXPENSES	12004	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	43444	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS	5064	15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	84123	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	MISC. INCOME/ADJUSTMENTS	29783	24
25	TOTAL OTHER INCOME	461709	25
26	TOTAL	1700556	26
27	0		27
27.01	0		27.01
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	1700556	31

PROVIDER NO. 14-1332 HILLSBORO AREA HOSPITAL
 PERIOD FROM 07/01/2008 TO 06/30/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (05/2007)

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7648

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						1
1 CAPITAL RELATED-BLDG & FIXTURES						2
2 CAPITAL RELATED-MOVABLE EQUIPMENT						3
3 PLANT OPERATION & MAINTENANCE						4
4 TRANSPORTATION						5
5 ADMINISTRATIVE AND GENERAL	10240		20	110	2737	13107
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	22487		1724		275	24486
7 PHYSICAL THERAPY	6702		606			7308
8 OCCUPATIONAL THERAPY	186		126			312
9 SPEECH PATHOLOGY						
10 MEDICAL SOCIAL SERVICES						10
11 HOME HEALTH AIDE	380		53			433
12 SUPPLIES						12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	39995		2529	110	3012	45646

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS				HHA NO.: 14-7648	WORKSHEET H (CONTINUED)
	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
1	GENERAL SERVICE COST CENTER				1
2	CAPITAL RELATED-BLDG & FIXTURES				2
3	CAPITAL RELATED-MOVABLE EQUIPMENT				3
4	PLANT OPERATION & MAINTENANCE				4
5	TRANSPORTATION				5
6	ADMINISTRATIVE AND GENERAL	13107		13107	6
7	HHA REIMBURSABLE SERVICES				7
8	SKILLED NURSING CARE	24486		24486	8
9	PHYSICAL THERAPY	7308		7308	9
10	OCCUPATIONAL THERAPY	312		312	10
11	SPEECH PATHOLOGY				11
12	MEDICAL SOCIAL SERVICES				12
13	HOME HEALTH AIDE	433		433	13
14	SUPPLIES				14
15	DRUGS				15
16	13.20 COST OF ADMINISTERING VACCINES				16
17	DME				17
18	HHA NONREIMBURSABLE SERVICES				18
19	HOME DIALYSIS AIDE SERVICES				19
20	RESPIRATORY THERAPY				20
21	PRIVATE DUTY NURSING				21
22	CLINIC				22
23	HEALTH PROMOTION ACTIVITIES				23
24	DAY CARE PROGRAM				24
25	HOME DELIVERED MEALS PROGRAM				25
26	HOMEMAKER SERVICE				26
27	ALL OTHERS				27
28	23.50 TELEMEDICINE				28
29	TOTAL	45646		45646	29

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7648

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION 0	CAP REL BLDGS & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPORT- ATION 4	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6	
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
13.20									13.20
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
23.50									23.50
24									24
GENERAL SERVICE COST CENTER									
CAPITAL RELATED-BLDG & FIXT									
CAPITAL RELATED-MOVABLE EQUIP									
PLANT OPERATION & MAINTENANCE									
TRANSPORTATION									
ADMINISTRATIVE AND GENERAL	13107					13107	13107		
HHA REIMBURSABLE SERVICES									
SKILLED NURSING CARE	24486					24486	9863	34349	
PHYSICAL THERAPY	7308					7308	2944	10252	
OCCUPATIONAL THERAPY	312					312	126	438	
SPEECH PATHOLOGY									
MEDICAL SOCIAL SERVICES									
HOME HEALTH AIDE	433					433	174	607	
SUPPLIES									
DRUGS									
COST OF ADMINISTERING VACCINES									
DME									
HHA NONREIMBURSABLE SERVICES									
HOME DIALYSIS AIDE SERVICES									
RESPIRATORY THERAPY									
PRIVATE DUTY NURSING									
CLINIC									
HEALTH PROMOTION ACTIVITIES									
DAY CARE PROGRAM									
HOME DELIVERED MEALS PROGRAM									
HOMEMAKER SERVICE									
ALL OTHERS									
TELEMEDICINE									
TOTAL	45646					45646		45646	

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COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7648

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
1 GENERAL SERVICE COST CENTER							1
2 CAPITAL RELATED-BLDG & FIXT							2
3 CAPITAL RELATED-MOVABLE EQUIP							3
4 PLANT OPERATION & MAINTENANCE							4
5 TRANSPORTATION					-13107	32539	5
6 ADMINISTRATIVE AND GENERAL						24486	6
7 HHA REIMBURSABLE SERVICES						7308	7
8 SKILLED NURSING CARE						312	8
9 PHYSICAL THERAPY							9
10 OCCUPATIONAL THERAPY							10
11 SPEECH PATHOLOGY							11
12 MEDICAL SOCIAL SERVICES						433	12
13 HOME HEALTH AIDE							13
14 SUPPLIES							13.20
15 DRUGS							14
16 COST OF ADMINISTERING VACCINES							15
17 DME							16
18 HHA NONREIMBURSABLE SERVICES							17
19 HOME DIALYSIS AIDE SERVICES							18
20 RESPIRATORY THERAPY							19
21 PRIVATE DUTY NURSING							20
22 CLINIC							21
23 HEALTH PROMOTION ACTIVITIES							22
24 DAY CARE PROGRAM							23
25 HOME DELIVERED MEALS PROGRAM							23.50
26 HOMEMAKER SERVICE							24
27 ALL OTHERS							25
28.50 TELEMEDICINE					-13107	32539	26
29 TOTAL						13107	
30 COST TO BE ALLOC (PER W/S H)						.402809	
31 UNIT COST MULTIPLIER							

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO. : 14-7648

WORKSHEET H-5
PART I

[illegible]

PROVIDER NO. 14-1332 HILLSBORO AREA HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7648

WORKSHEET H-5
 PART I

HHA COST CENTER	SUBTOTAL	GENERAL	ADMITTING	PATIENT AC COUNTING	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING
		6.02	6.03	6.04	7	8	9	10
1 ADMINISTRATIVE AND GENERAL	13296	611	183					1
2 SKILLED NURSING CARE	36779	1688						2
3 PHYSICAL THERAPY	10977	504						3
4 OCCUPATIONAL THERAPY	469	22						4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE	650	30						7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS	62171	2855	183					20
21 UNIT COST MULTIPLIER								21

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (05/2007)

WORKSHEET H-S
PART I

HHA NO.: 14-7648

[illegible]

PROVIDER NO. 14-1332 HILLSBORO AREA HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7648

WORKSHEET H-5
 PART I

HHA COST CENTER	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
	24	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		27087		27087			1
2 SKILLED NURSING CARE		38467		38467	20383	58850	2
3 PHYSICAL THERAPY		11481		11481	6084	17565	3
4 OCCUPATIONAL THERAPY		491		491	260	751	4
5 SPEECH PATHOLOGY							5
6 MEDICAL SOCIAL SERVICES							6
7 HOME HEALTH AIDE		680		680	160	1040	7
8 SUPPLIES							8
9 DRUGS							9
9.20 COST OF ADMINISTERING VACC							9.20
10 DME							10
11 HOME DIALYSIS AIDE SERVICE							11
12 RESPIRATORY THERAPY							12
13 PRIVATE DUTY NURSING							13
14 CLINIC							14
15 HEALTH PROMOTION ACTIVITIE							15
16 DAY CARE PROGRAM							16
17 HOME DELIVERED MEALS PROGR							17
18 HOMEMAKER SERVICE							18
19 ALL OTHERS							19
19.50 TELEMEDICINE							19.50
20 TOTALS		78206		78206	27087	78206	20
21 UNIT COST MULTIPLIER					.529881		21

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

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WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VAL	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINISTRA TION & ACC OUNTING ACCUM COST	RECON- CILIATION
	1	2	3	4	5	6A.01	6.01	
1 ADMINISTRATIVE AND GENERAL				535	39993		12417	1
2 SKILLED NURSING CARE							34349	2
3 PHYSICAL THERAPY							10252	3
4 OCCUPATIONAL THERAPY							438	4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE							607	7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS				535	39993		58063	20
21 TOTAL COST TO BE ALLOCATED				540	11877		4108	21
22 UNIT COST MULTIPLIER					.296977		.070751	22
22 UNIT COST MULTIPLIER				1.009346				22

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7648

WORKSHEET H-5
 PART II

HHA COST CENTER	GENERAL ACCUM COST	ADMITTING GROSS CHAR GES	PATIENT AC COUNTING GROSS CHAR GES	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEE T	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF S ERVICE	DIETARY MEALS SERV ED	
	6.02	6.03	6.04	7	8	9	10	11	
1 ADMINISTRATIVE AND GENERAL	13296	49324							1
2 SKILLED NURSING CARE	36779								2
3 PHYSICAL THERAPY	10977								3
4 OCCUPATIONAL THERAPY	469								4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE	650								7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS	62171	49324							20
21 TOTAL COST TO BE ALLOCATED	2855	183							21
22 UNIT COST MULTIPLIER	.045922								22
22 UNIT COST MULTIPLIER		.003710							22

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

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WORKSHEET H-5
 PART II

HHA COST CENTER	CAFETERIA FTE'S SERV ED	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS- TRATION DIRECT NRSING HRS	UR/QUALITY IMPROVEME NT DIRECT NRS ING HRS	NURSING AD MINISTRATI ON DIRECT NRS ING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PURCHASING COSTED REQ UIS.	CENTRAL SE RVICES & S UPPLY COSTED REQ UIS.
	12	13	14	14.01	14.02	15	15.01	15.02
1 ADMINISTRATIVE AND GENERAL				974	974			391
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS				974	974			391
21 TOTAL COST TO BE ALLOCATED				7888	5058			51
22 UNIT COST MULTIPLIER					5.193018			22
22 UNIT COST MULTIPLIER				8.098563				.130435

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7648

WORKSHEET H-5
 PART II

HHA COST CENTER		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION
		COSTED REQ UIS.	TIME SPENT	TIME SPENT	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME
		16	17	18	20	21	22	23	24
1	ADMINISTRATIVE AND GENERAL								1
2	SKILLED NURSING CARE								2
3	PHYSICAL THERAPY								3
4	OCCUPATIONAL THERAPY								4
5	SPEECH PATHOLOGY								5
6	MEDICAL SOCIAL SERVICES								6
7	HOME HEALTH AIDE								7
8	SUPPLIES								8
9	DRUGS								9
9.20	COST OF ADMINISTERING VACC								9.20
10	DME								10
11	HOME DIALYSIS AIDE SERVICE								11
12	RESPIRATORY THERAPY								12
13	PRIVATE DUTY NURSING								13
14	CLINIC								14
15	HEALTH PROMOTION ACTIVITIE								15
16	DAY CARE PROGRAM								16
17	HOME DELIVERED MEALS PROGR								17
18	HOMEMAKER SERVICE								18
19	ALL OTHERS								19
19.50	TELEMEDICINE								19.50
20	TOTALS								20
21	TOTAL COST TO BE ALLOCATED								21
22	UNIT COST MULTIPLIER								22
22	UNIT COST MULTIPLIER								22

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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7648

WORKSHEET H-6
PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR
THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		1	2		3	4	5	
1	SKILLED NURSING CARE	2	58850		58850	333	176.73	1
2	PHYSICAL THERAPY	3	17565		17565	158	111.17	2
3	OCCUPATIONAL THERAPY	4	751		751	40	18.78	3
4	SPEECH PATHOLOGY	5						4
5	MEDICAL SOCIAL SERV	6						5
6	HOME HEALTH AIDE SERV	7	1040		1040	6	173.33	6
7	TOTAL		78206		78206	537		7
LIMITATION COST COMPUTATION								
PATIENT SERVICES			MSA NO.				PROGRAM COST LIMITS	
		1	2	3	4	5		
8	SKILLED NURSING CARE		9914					8
9	PHYSICAL THERAPY		9914					9
10	OCCUPATIONAL THERAPY		9914					10
11	SPEECH PATHOLOGY		9914					11
12	MEDICAL SOCIAL SERV		9914					12
13	HOME HEALTH AIDE SERV		9914					13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		1	2	3	4	5		
15	COST OF MEDICAL SUPPLIES	8						15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA NO.	AMOUNT	
						1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					9914		17
18	PER BENEFICIARY COST LIMITATION					9914		18
19	PER BENEFICIARY COST LIMITATION							19

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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7648

WORKSHEET H-6
PARTS I & II
(CONTINUED)

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR
THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST
		PART B			PART B			
		NOT SUBJ TO DEDUCTIBLES & COINSUR			NOT SUBJ TO DEDUCTIBLES & COINSUR			
PATIENT SERVICES		PART A	7	8	PART A	10	11	
1	SKILLED NURSING CARE	290			51252			51252
2	PHYSICAL THERAPY	127			14119			14119
3	OCCUPATIONAL THERAPY	40			751			751
4	SPEECH PATHOLOGY							
5	MEDICAL SOCIAL SERV	6			1040			1040
6	HOME HEALTH AIDE SERV	463			67162			67162
7	TOTAL							
LIMITATION COST COMPUTATION		PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST
		PART B			PART B			
		NOT SUBJ TO DEDUCTIBLES & COINSUR			NOT SUBJ TO DEDUCTIBLES & COINSUR			
PATIENT SERVICES		PART A	7	8	PART A	10	11	
8	SKILLED NURSING CARE	6			9			8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERV							12
13	HOME HEALTH AIDE SERV							13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		PROGRAM COVERED CHARGES			COST OF SERVICES			
		PART B DEDUCT. & COINSUR.			PART B DEDUCT. & COINSUR.			
		FEE NOT			FEE NOT			
OTHER PATIENT SERVICES		PART A	REIMBURSED	SUBJECT TO	PART A	REIMBURSED	SUBJECT TO	
		6	7	7.01	9	10	10.01	11
15	COST OF MEDICAL SUPPLIES							15
16	COST OF DRUGS							16
16.20	COST OF ADMINISTERING VA							16.20

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WORKSHEET H-6
PARTS II & III

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

		FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I 4	
1	PHYSICAL THERAPY	50	.537633			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY	51	.586720			COL 2, LINE 3	2
3	SPEECH PATHOLOGY	52				COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA	55	.185891			COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS	56	.594189			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

			PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE					
			PROGRAM VISITS		PROGRAM COST		PROGRAM	
FROM PART I			COST	PRIOR TO	FROM 1/1/98	PRIOR TO	FROM 1/1/98	VISITS ON OR
COL. 5			PER VISIT	1/1/98	THRU 12/31/98	1/1/98	THRU 12/31/98	AFTER 1/1/99
			1	2.01	3	3.01	4	5
1	PHYSICAL THERAPY	2	111.17					1
2	OCCUPATIONAL THERAPY	3	18.78					2
3	SPEECH PATHOLOGY	4						4
4	TOTAL							

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CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7648

WORKSHEET H-7
PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	PART A 1	----- PART B -----	
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3
REASONABLE COST OF PROGRAM SERVICES			1
1 REASONABLE COST OF SERVICES			2
2 TOTAL CHARGES			
CUSTOMARY CHARGES			3
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			4
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			5
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)			6
6 TOTAL CUSTOMARY CHARGES			7
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			8
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES			9
9 PRIMARY PAYOR PAYMENTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10 TOTAL REASONABLE COST			10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	37116	17625	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	374		10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	4278	2200	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	41768	19825	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	41768	19825	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	41768	19825	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	41768	19825	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	41768	19825	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	41768	19825	24
25 TOTAL INTERIM PAYMENTS	41768	19825	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

PROVIDER NO. 14-1332 HILLSBORO AREA HOSPITAL
PERIOD FROM 07/01/2008 TO 06/30/2009

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/96)

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ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S
FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 14-7648

WORKSHEET H-8

DESCRIPTION	MO/DAY/YR 1	PART A	MO/DAY/YR 3	PART B	
		AMOUNT 2		AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		41768		19825	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01				3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .04				3.04
	TO .05				3.05
	PROVIDER .50				3.50
	TO .51				3.51
	PROGRAM .52	NONE		NONE	3.52
	TO .53				3.53
	PROGRAM .54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		41768		19825	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01				6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		41768		19825	7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____